



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Deer Park Elem  | Flathead | 0307         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Bea M. Peterson

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 7.6 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>Deer Park Elem | Chair, Board of Trustees | Date |
| High School District                         | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



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Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |  |          |
|------------------------|--|----------|
|                        |  | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| HS District Approval   | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| County Approval        | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |

Parent or Guardian Name: (Please Print)

Sue Benner

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **12.8** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>Deer Park Elem | Chair, Board of Trustees | Date |
| High School District                         | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



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| Fair-Mont-Egan Elem   | Flathead | 0308         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

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|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Crystal Cummings

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **6.3** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Fair-Mont-Egan Elem | Chair, Board of Trustees | Date |
| High School District                              | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



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| Fair-Mont-Egan Elem   | Flathead | 0308         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

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|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Diana Robinson

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **3.3** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

**Kindergarten child rides with other school-age students also covered by this contract:**

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

**Kindergarten child rides without other school-age students:**

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|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Fair-Mont-Egan Elem | Chair, Board of Trustees | Date |
| High School District                              | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

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| Address, City, Zip Code        | Phone Number |



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Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

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|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Elizabeth A. Reed

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 6 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
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| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

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| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Jennifer A. Dana

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **3.8** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

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Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
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| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

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☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

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To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Fair-Mont-Egan Elem | Chair, Board of Trustees | Date |
| High School District                              | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |





Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Fair-Mont-Egan Elem   | Flathead | 0308         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |  |          |
|------------------------|--|----------|
|                        |  | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| HS District Approval   | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| County Approval        | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |

Parent or Guardian Name: (Please Print)

John Berosik

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **5.2** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Fair-Mont-Egan Elem | Chair, Board of Trustees | Date |
| High School District                              | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Fair-Mont-Egan Elem   | Flathead | 0308         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Mark & Denise VanArtsdale

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 6 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Fair-Mont-Egan Elem | Chair, Board of Trustees | Date |
| High School District                              | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |





Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Fair-Mont-Egan Elem   | Flathead | 0308         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |  |          |
|------------------------|--|----------|
|                        |  | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| HS District Approval   | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| County Approval        | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |

Parent or Guardian Name: (Please Print)

Mary L. Moore

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 5.1 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Fair-Mont-Egan Elem | Chair, Board of Trustees | Date |
| High School District                              | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Fair-Mont-Egan Elem   | Flathead | 0308         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |  |          |
|------------------------|--|----------|
|                        |  | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| HS District Approval   | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| County Approval        | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |

Parent or Guardian Name: (Please Print)

Pamela J. Evert

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **4.3** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Fair-Mont-Egan Elem | Chair, Board of Trustees | Date |
| High School District                              | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Swan River Elem   | Flathead | 0309         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Brenda Luna

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 6 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

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20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Swan River Elem | Chair, Board of Trustees | Date |
| High School District                          | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Swan River Elem   | Flathead | 0309         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Cara R. Lafever

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **4.5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Swan River Elem | Chair, Board of Trustees | Date |
| High School District                          | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Swan River Elem   | Flathead | 0309         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |  |          |
|------------------------|--|----------|
|                        |  | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| HS District Approval   | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| County Approval        | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |

Parent or Guardian Name: (Please Print)

Caryle A. Cox

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **4.5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

**Kindergarten child rides with other school-age students also covered by this contract:**

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

**Kindergarten child rides without other school-age students:**

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Swan River Elem | Chair, Board of Trustees | Date |
| High School District                          | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Swan River Elem   | Flathead | 0309         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |  |          |
|------------------------|--|----------|
|                        |  | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| HS District Approval   | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| County Approval        | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |

Parent or Guardian Name: (Please Print)

David Jochen

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **7.2** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

**Kindergarten child rides with other school-age students also covered by this contract:**

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

**Kindergarten child rides without other school-age students:**

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
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|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Swan River Elem | Chair, Board of Trustees | Date |
| High School District                          | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |





Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Swan River Elem   | Flathead | 0309         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Kathleen Butts

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **4.4** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Swan River Elem | Chair, Board of Trustees | Date |
| High School District                          | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Swan River Elem   | Flathead | 0309         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |  |          |
|------------------------|--|----------|
|                        |  | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| HS District Approval   | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| County Approval        | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |

Parent or Guardian Name: (Please Print)

Lisa Caldwell

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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REIMBURSEMENT RATE  
(For district, county and OPI use only)

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20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Swan River Elem | Chair, Board of Trustees | Date |
| High School District                          | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Swan River Elem   | Flathead | 0309         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Lynn Boots

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

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Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

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|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Swan River Elem | Chair, Board of Trustees | Date |
| High School District                          | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Swan River Elem   | Flathead | 0309         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |          |
|------------------------|------------------------------|-----------------------------|----------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no |          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no |          |

Parent or Guardian Name: (Please Print)

Terry Knutson

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 5 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Swan River Elem | Chair, Board of Trustees | Date |
| High School District                          | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Swan River Elem   | Flathead | 0309         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Tina Batin

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Swan River Elem | Chair, Board of Trustees | Date |
| High School District                          | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |
| Flathead H S  | Flathead | 0311         |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Initials  
Elem District Approval ☐ yes ☐ no \_\_\_\_\_  
HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Carol I. O'Neil

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 14

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 3.6

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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|                                      |                          |      |
|--------------------------------------|--------------------------|------|
| Elementary School District           | Chair, Board of Trustees | Date |
| High School District<br>Flathead H S | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |





Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |
| Flathead H S  | Flathead | 0311         |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Initials  
Elem District Approval ☐ yes ☐ no \_\_\_\_\_  
HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Cynthia Meador

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 8

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 8

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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|                                      |                          |      |
|--------------------------------------|--------------------------|------|
| Elementary School District           | Chair, Board of Trustees | Date |
| High School District<br>Flathead H S | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |
| Flathead H S  | Flathead | 0311         |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Initials  
Elem District Approval ☐ yes ☐ no \_\_\_\_\_  
HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Daniel Stensland

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 18

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 6.5

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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|                                      |                          |      |
|--------------------------------------|--------------------------|------|
| Elementary School District           | Chair, Board of Trustees | Date |
| High School District<br>Flathead H S | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |
| Flathead H S  | Flathead | 0311         |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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Initials  
Elem District Approval ☐ yes ☐ no \_\_\_\_\_  
HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Dianna Gamma

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 21.7

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 5

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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|                                      |                          |      |
|--------------------------------------|--------------------------|------|
| Elementary School District           | Chair, Board of Trustees | Date |
| High School District<br>Flathead H S | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
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# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |
| Flathead H S  | Flathead | 0311         |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

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Initials  
Elem District Approval ☐ yes ☐ no \_\_\_\_\_  
HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Faye Stukey

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 16

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 6.5

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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(For district, county and OPI use only)

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(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|                                      |                          |      |
|--------------------------------------|--------------------------|------|
| Elementary School District           | Chair, Board of Trustees | Date |
| High School District<br>Flathead H S | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |
| Flathead H S  | Flathead | 0311         |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Initials  
Elem District Approval ☐ yes ☐ no \_\_\_\_\_  
HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Jeannette & DeWayne Wenthold

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 14.5

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 7.5

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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|                                      |                          |      |
|--------------------------------------|--------------------------|------|
| Elementary School District           | Chair, Board of Trustees | Date |
| High School District<br>Flathead H S | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |
| Flathead H S  | Flathead | 0311         |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Initials  
Elem District Approval ☐ yes ☐ no \_\_\_\_\_  
HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Jeff & Joanne Morrow

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 25

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 7

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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| Elementary School District           | Chair, Board of Trustees | Date |
| High School District<br>Flathead H S | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |





Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |
| Flathead H S  | Flathead | 0311         |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Initials  
Elem District Approval ☐ yes ☐ no \_\_\_\_\_  
HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Jeff Walker

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 6.5

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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| Elementary School District           | Chair, Board of Trustees | Date |
| High School District<br>Flathead H S | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

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|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |
| Flathead H S  | Flathead | 0311         |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Initials  
Elem District Approval ☐ yes ☐ no \_\_\_\_\_  
HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Jennifer Linne'

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 7

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 7

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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|                                      |                          |      |
|--------------------------------------|--------------------------|------|
| Elementary School District           | Chair, Board of Trustees | Date |
| High School District<br>Flathead H S | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |
| Flathead H S  | Flathead | 0311         |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Initials  
Elem District Approval ☐ yes ☐ no \_\_\_\_\_  
HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Julie Holmes

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 20

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 8

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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|                                      |                          |      |
|--------------------------------------|--------------------------|------|
| Elementary School District           | Chair, Board of Trustees | Date |
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I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
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# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |
| Flathead H S  | Flathead | 0311         |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

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Initials  
Elem District Approval ☐ yes ☐ no \_\_\_\_\_  
HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Kim R. Andrews

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 20

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 8

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

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To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

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(For district, county and OPI use only)

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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|                                      |                          |      |
|--------------------------------------|--------------------------|------|
| Elementary School District           | Chair, Board of Trustees | Date |
| High School District<br>Flathead H S | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |
| Flathead H S  | Flathead | 0311         |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |  |          |
|------------------------|--|----------|
|                        |  | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| HS District Approval   | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| County Approval        | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |

Parent or Guardian Name: (Please Print)

Lorna Hauser

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 40

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 10

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|                                      |                          |      |
|--------------------------------------|--------------------------|------|
| Elementary School District           | Chair, Board of Trustees | Date |
| High School District<br>Flathead H S | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |
| Flathead H S  | Flathead | 0311         |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Initials  
Elem District Approval ☐ yes ☐ no \_\_\_\_\_  
HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Mark Leatzow

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 30

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 6

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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|                                      |                          |      |
|--------------------------------------|--------------------------|------|
| Elementary School District           | Chair, Board of Trustees | Date |
| High School District<br>Flathead H S | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |





Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |
| Flathead H S  | Flathead | 0311         |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Initials  
Elem District Approval ☐ yes ☐ no \_\_\_\_\_  
HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Ronald S. Peters

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 12

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 6.5

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

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|                                      |                          |      |
|--------------------------------------|--------------------------|------|
| Elementary School District           | Chair, Board of Trustees | Date |
| High School District<br>Flathead H S | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |
| Flathead H S  | Flathead | 0311         |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |  |          |
|------------------------|--|----------|
|                        |  | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| HS District Approval   | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| County Approval        | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |

Parent or Guardian Name: (Please Print)

Theresa Petersen

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 17

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 6

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|                                      |                          |      |
|--------------------------------------|--------------------------|------|
| Elementary School District           | Chair, Board of Trustees | Date |
| High School District<br>Flathead H S | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |                 |              |
|---|-----------------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County          | Legal Entity |
| <b>Cayuse Prairie Elem</b>  | <b>Flathead</b> | <b>0317</b>  |
| High School or K-12 District Responsible for Reimbursing the Contract | County          | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |  |          |
|------------------------|--|----------|
|                        |  | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| HS District Approval   | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| County Approval        | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |

Parent or Guardian Name: (Please Print)

**Gelena Seager**

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **11** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

**Kindergarten child rides with other school-age students also covered by this contract:**

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

**Kindergarten child rides without other school-age students:**

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

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REIMBURSEMENT RATE  
(For district, county and OPI use only)

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Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
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|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Cayuse Prairie Elem | Chair, Board of Trustees | Date |
| High School District                              | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |                 |              |
|---|-----------------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County          | Legal Entity |
| <b>Cayuse Prairie Elem</b>  | <b>Flathead</b> | <b>0317</b>  |
| High School or K-12 District Responsible for Reimbursing the Contract | County          | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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|                        |  |          |
|------------------------|--|----------|
|                        |  | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| HS District Approval   | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| County Approval        | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |

Parent or Guardian Name: (Please Print)

**Heidi L. Black**

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **9.4** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **.5** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

**Kindergarten child rides with other school-age students also covered by this contract:**

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

**Kindergarten child rides without other school-age students:**

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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REIMBURSEMENT RATE  
(For district, county and OPI use only)

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20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Cayuse Prairie Elem | Chair, Board of Trustees | Date |
| High School District                              | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |                 |              |
|---|-----------------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County          | Legal Entity |
| <b>Cayuse Prairie Elem</b>  | <b>Flathead</b> | <b>0317</b>  |
| High School or K-12 District Responsible for Reimbursing the Contract | County          | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

**Jeff & Allyson Bailey**

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **3.6** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

**Kindergarten child rides with other school-age students also covered by this contract:**

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

**Kindergarten child rides without other school-age students:**

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Cayuse Prairie Elem | Chair, Board of Trustees | Date |
| High School District                              | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Cayuse Prairie Elem   | Flathead | 0317         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Stacie Ferguson

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **4.3** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Cayuse Prairie Elem | Chair, Board of Trustees | Date |
| High School District                              | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |





Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Kila Elem   | Flathead | 0323         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Anita J. Golden

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **5.5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **5.5** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Kila Elem | Chair, Board of Trustees | Date |
| High School District                    | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Kila Elem   | Flathead | 0323         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Bruce & Jennifer Benjamin

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 4 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Kila Elem | Chair, Board of Trustees | Date |
| High School District                    | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Kila Elem   | Flathead | 0323         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Bulinda K. Egley

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 6 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 6 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

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20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

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- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Kila Elem | Chair, Board of Trustees | Date |
| High School District                    | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Kila Elem   | Flathead | 0323         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Carrie Derby

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 4 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Kila Elem | Chair, Board of Trustees | Date |
| High School District                    | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Kila Elem   | Flathead | 0323         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Chris & Kimberly Irlbeck

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **7** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Kila Elem | Chair, Board of Trustees | Date |
| High School District                    | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Kila Elem   | Flathead | 0323         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Clint & Isa Groyer

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 6 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Kila Elem | Chair, Board of Trustees | Date |
| High School District                    | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |





Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Kila Elem   | Flathead | 0323         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Clint Grover

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **6.2** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **6.2** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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REIMBURSEMENT RATE  
(For district, county and OPI use only)

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|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Kila Elem | Chair, Board of Trustees | Date |
| High School District                    | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Kila Elem   | Flathead | 0323         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |          |
|------------------------|------------------------------|-----------------------------|----------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no |          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no |          |

Parent or Guardian Name: (Please Print)

Daniel Frary

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 5 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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REIMBURSEMENT RATE  
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|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Kila Elem | Chair, Board of Trustees | Date |
| High School District                    | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Kila Elem   | Flathead | 0323         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |  |          |
|------------------------|--|----------|
|                        |  | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| HS District Approval   | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| County Approval        | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |

Parent or Guardian Name: (Please Print)

Deborah Holt

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **21** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

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REIMBURSEMENT RATE  
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|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Kila Elem | Chair, Board of Trustees | Date |
| High School District                    | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Kila Elem   | Flathead | 0323         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Denise Conner

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Kila Elem | Chair, Board of Trustees | Date |
| High School District                    | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Kila Elem   | Flathead | 0323         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Ginger Rapp

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **9** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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REIMBURSEMENT RATE  
(For district, county and OPI use only)

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20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Kila Elem | Chair, Board of Trustees | Date |
| High School District                    | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Kila Elem   | Flathead | 0323         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |  |          |
|------------------------|--|----------|
|                        |  | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| HS District Approval   | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| County Approval        | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |

Parent or Guardian Name: (Please Print)

Heidi Black

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **5.9** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Kila Elem | Chair, Board of Trustees | Date |
| High School District                    | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |





Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Kila Elem   | Flathead | 0323         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |  |          |
|------------------------|--|----------|
|                        |  | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| HS District Approval   | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| County Approval        | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |

Parent or Guardian Name: (Please Print)

Jason & Kathy Meyer

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 8 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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REIMBURSEMENT RATE  
(For district, county and OPI use only)

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Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Kila Elem | Chair, Board of Trustees | Date |
| High School District                    | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Kila Elem   | Flathead | 0323         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Jim & Tracy Lee

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **16.1** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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REIMBURSEMENT RATE  
(For district, county and OPI use only)

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|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Kila Elem | Chair, Board of Trustees | Date |
| High School District                    | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Kila Elem   | Flathead | 0323         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Joe & Dawn Grosswiler

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **4.7** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Kila Elem | Chair, Board of Trustees | Date |
| High School District                    | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Kila Elem   | Flathead | 0323         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

John Yogerst

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Kila Elem | Chair, Board of Trustees | Date |
| High School District                    | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Kila Elem   | Flathead | 0323         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Joletha Mills

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 7.1 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Kila Elem | Chair, Board of Trustees | Date |
| High School District                    | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Kila Elem   | Flathead | 0323         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Judy Andrews

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **3.5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Kila Elem | Chair, Board of Trustees | Date |
| High School District                    | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |





Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Kila Elem   | Flathead | 0323         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Julie Smith

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **6.6** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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REIMBURSEMENT RATE  
(For district, county and OPI use only)

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20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Kila Elem | Chair, Board of Trustees | Date |
| High School District                    | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Kila Elem   | Flathead | 0323         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |  |          |
|------------------------|--|----------|
|                        |  | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| HS District Approval   | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| County Approval        | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |

Parent or Guardian Name: (Please Print)

Karla Reinhart

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **4.5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

**Kindergarten child rides with other school-age students also covered by this contract:**

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

**Kindergarten child rides without other school-age students:**

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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REIMBURSEMENT RATE  
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|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Kila Elem | Chair, Board of Trustees | Date |
| High School District                    | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Kila Elem   | Flathead | 0323         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Kathleen Barclay

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 8 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Kila Elem | Chair, Board of Trustees | Date |
| High School District                    | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Kila Elem   | Flathead | 0323         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |  |          |
|------------------------|--|----------|
|                        |  | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| HS District Approval   | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| County Approval        | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |

Parent or Guardian Name: (Please Print)

Kelly Pike

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **9.5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Kila Elem | Chair, Board of Trustees | Date |
| High School District                    | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Kila Elem   | Flathead | 0323         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |  |          |
|------------------------|--|----------|
|                        |  | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| HS District Approval   | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| County Approval        | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |

Parent or Guardian Name: (Please Print)

Kim Coen

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **6.2** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

**Kindergarten child rides with other school-age students also covered by this contract:**

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

**Kindergarten child rides without other school-age students:**

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Kila Elem | Chair, Board of Trustees | Date |
| High School District                    | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Kila Elem   | Flathead | 0323         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Laura H. Rhodes

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **16.5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Kila Elem | Chair, Board of Trustees | Date |
| High School District                    | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |





Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Kila Elem   | Flathead | 0323         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |          |
|------------------------|------------------------------|-----------------------------|----------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no |          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no |          |

Parent or Guardian Name: (Please Print)

Lorrie m. Gomez

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 6 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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REIMBURSEMENT RATE  
(For district, county and OPI use only)

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Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Kila Elem | Chair, Board of Trustees | Date |
| High School District                    | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Kila Elem   | Flathead | 0323         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Marcy Osterday

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **7** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **7** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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REIMBURSEMENT RATE  
(For district, county and OPI use only)

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|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Kila Elem | Chair, Board of Trustees | Date |
| High School District                    | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Kila Elem   | Flathead | 0323         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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|                        |  |          |
|------------------------|--|----------|
|                        |  | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| HS District Approval   | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| County Approval        | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |

Parent or Guardian Name: (Please Print)

Mariane Beland

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **4.3** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Kila Elem | Chair, Board of Trustees | Date |
| High School District                    | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Kila Elem   | Flathead | 0323         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Michelle Jedlicka

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 7 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Kila Elem | Chair, Board of Trustees | Date |
| High School District                    | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Kila Elem   | Flathead | 0323         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Nancy Mullen

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **24** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **5** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Kila Elem | Chair, Board of Trustees | Date |
| High School District                    | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Kila Elem   | Flathead | 0323         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Pam Schuck

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **5.2** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Kila Elem | Chair, Board of Trustees | Date |
| High School District                    | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |





Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Kila Elem   | Flathead | 0323         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Raechel Allen

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Kila Elem | Chair, Board of Trustees | Date |
| High School District                    | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Kila Elem   | Flathead | 0323         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Risa Carlson

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **4.8** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

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**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Kila Elem | Chair, Board of Trustees | Date |
| High School District                    | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Kila Elem   | Flathead | 0323         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |  |          |
|------------------------|--|----------|
|                        |  | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| HS District Approval   | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| County Approval        | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |

Parent or Guardian Name: (Please Print)

Roger & Bonnie Groshelle

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **6.3** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

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**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

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20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Kila Elem | Chair, Board of Trustees | Date |
| High School District                    | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Kila Elem   | Flathead | 0323         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |  |          |
|------------------------|--|----------|
|                        |  | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| HS District Approval   | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| County Approval        | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |

Parent or Guardian Name: (Please Print)

Stefanie Gamble

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 5 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Kila Elem | Chair, Board of Trustees | Date |
| High School District                    | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Kila Elem   | Flathead | 0323         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Tommy Baker

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **14** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **9.5** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Kila Elem | Chair, Board of Trustees | Date |
| High School District                    | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Kila Elem   | Flathead | 0323         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Wendy Oakason

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 6 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Kila Elem | Chair, Board of Trustees | Date |
| High School District                    | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |





Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Kila Elem   | Flathead | 0323         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |
| Flathead H S  | Flathead | 0311         |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Initials  
Elem District Approval ☐ yes ☐ no \_\_\_\_\_  
HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Brian & Margaret Olson

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 4.3

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 4.3

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Kila Elem | Chair, Board of Trustees | Date |
| High School District<br>Flathead H S    | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Kila Elem   | Flathead | 0323         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |
| Flathead H S  | Flathead | 0311         |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Initials  
Elem District Approval ☐ yes ☐ no \_\_\_\_\_  
HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Brooks Baer

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 3.3

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 3.3

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Kila Elem | Chair, Board of Trustees | Date |
| High School District<br>Flathead H S    | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Kila Elem   | Flathead | 0323         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |
| Flathead H S  | Flathead | 0311         |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Initials  
Elem District Approval ☐ yes ☐ no \_\_\_\_\_  
HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Christine Reed

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 4.7

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 4.7

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

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**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

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20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Kila Elem | Chair, Board of Trustees | Date |
| High School District<br>Flathead H S    | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Kila Elem   | Flathead | 0323         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |
| Flathead H S  | Flathead | 0311         |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Initials  
Elem District Approval ☐ yes ☐ no \_\_\_\_\_  
HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Debbie Wallace

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 5

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 5

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Kila Elem | Chair, Board of Trustees | Date |
| High School District<br>Flathead H S    | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Kila Elem   | Flathead | 0323         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |
| Flathead H S  | Flathead | 0311         |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Initials  
Elem District Approval ☐ yes ☐ no \_\_\_\_\_  
HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Dixie Harper

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 5.5

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 5.5

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Kila Elem | Chair, Board of Trustees | Date |
| High School District<br>Flathead H S    | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Kila Elem   | Flathead | 0323         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |
| Flathead H S  | Flathead | 0311         |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Initials  
Elem District Approval ☐ yes ☐ no \_\_\_\_\_  
HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Dora McDonald

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 23

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 14

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Kila Elem | Chair, Board of Trustees | Date |
| High School District<br>Flathead H S    | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |





Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Kila Elem   | Flathead | 0323         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |
| Flathead H S  | Flathead | 0311         |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Initials  
Elem District Approval ☐ yes ☐ no \_\_\_\_\_  
HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Helen Pilling

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 16.5

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 6.5

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

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|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Kila Elem | Chair, Board of Trustees | Date |
| High School District<br>Flathead H S    | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Kila Elem   | Flathead | 0323         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |
| Flathead H S  | Flathead | 0311         |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Initials  
Elem District Approval ☐ yes ☐ no \_\_\_\_\_  
HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Mike & Sue Greskowiak

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 18

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 7

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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REIMBURSEMENT RATE  
(For district, county and OPI use only)

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20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Kila Elem | Chair, Board of Trustees | Date |
| High School District<br>Flathead H S    | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Kila Elem   | Flathead | 0323         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |
| Flathead H S  | Flathead | 0311         |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Initials  
Elem District Approval ☐ yes ☐ no \_\_\_\_\_  
HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Montana Hansen

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 7

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 7

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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REIMBURSEMENT RATE  
(For district, county and OPI use only)

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20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Kila Elem | Chair, Board of Trustees | Date |
| High School District<br>Flathead H S    | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Kila Elem   | Flathead | 0323         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |
| Flathead H S  | Flathead | 0311         |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Initials  
Elem District Approval ☐ yes ☐ no \_\_\_\_\_  
HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Terri Reavis

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 18.5

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 8.2

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Kila Elem | Chair, Board of Trustees | Date |
| High School District<br>Flathead H S    | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Smith Valley Elem   | Flathead | 0324         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Catherine R. Baier

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 7 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Smith Valley Elem | Chair, Board of Trustees | Date |
| High School District                            | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Smith Valley Elem   | Flathead | 0324         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Eugene Garrison

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **5.8** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **1** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Smith Valley Elem | Chair, Board of Trustees | Date |
| High School District                            | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |





Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Smith Valley Elem   | Flathead | 0324         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |  |                |
|------------------------|--|----------------|
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Jack & Sharon Hagel

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **3.5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Smith Valley Elem | Chair, Board of Trustees | Date |
| High School District                            | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Smith Valley Elem   | Flathead | 0324         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Thomas Holling

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 7.7 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

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20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Smith Valley Elem | Chair, Board of Trustees | Date |
| High School District                            | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Pleasant Valley Elem  | Flathead | 0325         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Gale Stevens

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

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20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>Pleasant Valley Elem | Chair, Board of Trustees | Date |
| High School District                               | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Pleasant Valley Elem  | Flathead | 0325         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |  |          |
|------------------------|--|----------|
|                        |  | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| HS District Approval   | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| County Approval        | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |

Parent or Guardian Name: (Please Print)

Tracie Williams

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **5.6** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>Pleasant Valley Elem | Chair, Board of Trustees | Date |
| High School District                               | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Somers Elem   | Flathead | 0327         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Reni Anderson

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **7.4** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Somers Elem | Chair, Board of Trustees | Date |
| High School District                      | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |                           |                             |
|---|---------------------------|-----------------------------|
| Elementary District Responsible for Reimbursing the Contract<br><b>Bigfork Elem</b> | County<br><b>Flathead</b> | Legal Entity<br><b>0330</b> |
| High School or K-12 District Responsible for Reimbursing the Contract               | County                    | Legal Entity                |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |  |          |
|------------------------|--|----------|
|                        |  | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| HS District Approval   | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| County Approval        | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |

Parent or Guardian Name: (Please Print)

**Angela Palmer**

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **57** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

**Kindergarten child rides with other school-age students also covered by this contract:**

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

**Kindergarten child rides without other school-age students:**

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>Bigfork Elem | Chair, Board of Trustees | Date |
| High School District                       | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |





Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Bigfork Elem  | Flathead | 0330         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Charlene & Kirk Penrod

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **28** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>Bigfork Elem | Chair, Board of Trustees | Date |
| High School District                       | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Bigfork Elem  | Flathead | 0330         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |  |          |
|------------------------|--|----------|
|                        |  | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| HS District Approval   | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| County Approval        | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |

Parent or Guardian Name: (Please Print)

Lisa Reid

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 12 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 12 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>Bigfork Elem | Chair, Board of Trustees | Date |
| High School District                       | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Whitefish Elem  | Flathead | 0334         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |  |          |
|------------------------|--|----------|
|                        |  | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| HS District Approval   | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| County Approval        | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |

Parent or Guardian Name: (Please Print)

Cheri Allen

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **14** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>Whitefish Elem | Chair, Board of Trustees | Date |
| High School District                         | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Whitefish Elem  | Flathead | 0334         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Elizabeth Moderie

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 14 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>Whitefish Elem | Chair, Board of Trustees | Date |
| High School District                         | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Whitefish Elem  | Flathead | 0334         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Jennifer Borland

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 11 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>Whitefish Elem | Chair, Board of Trustees | Date |
| High School District                         | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Whitefish Elem  | Flathead | 0334         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Kimber Anderson

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 14 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>Whitefish Elem | Chair, Board of Trustees | Date |
| High School District                         | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |





Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Whitefish Elem  | Flathead | 0334         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Lynn A. Cherrington

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **10** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **4.8** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

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**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>Whitefish Elem | Chair, Board of Trustees | Date |
| High School District                         | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Whitefish Elem  | Flathead | 0334         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Nita Fauth

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **14** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

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Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

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|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>Whitefish Elem | Chair, Board of Trustees | Date |
| High School District                         | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Whitefish Elem  | Flathead | 0334         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Terry Sargent

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 11 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

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**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

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Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

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|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>Whitefish Elem | Chair, Board of Trustees | Date |
| High School District                         | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Whitefish Elem  | Flathead | 0334         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |
| Whitefish H S   | Flathead | 0335         |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Initials  
Elem District Approval ☐ yes ☐ no \_\_\_\_\_  
HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Jami Phillips

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 8.5

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 5

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>Whitefish Elem | Chair, Board of Trustees | Date |
| High School District<br>Whitefish H S        | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Marion Elem   | Flathead | 0341         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |  |          |
|------------------------|--|----------|
|                        |  | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| HS District Approval   | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| County Approval        | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |

Parent or Guardian Name: (Please Print)

Angela Shrader

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 6 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Marion Elem | Chair, Board of Trustees | Date |
| High School District                      | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Marion Elem   | Flathead | 0341         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Harvey Hendrickson

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 4 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Marion Elem | Chair, Board of Trustees | Date |
| High School District                      | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |





Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Marion Elem   | Flathead | 0341         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |  |          |
|------------------------|--|----------|
|                        |  | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| HS District Approval   | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| County Approval        | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |

Parent or Guardian Name: (Please Print)

Jill E. Sargent

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **7** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

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20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Marion Elem | Chair, Board of Trustees | Date |
| High School District                      | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Marion Elem   | Flathead | 0341         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Julie Holmes

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 8 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

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20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Marion Elem | Chair, Board of Trustees | Date |
| High School District                      | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Marion Elem   | Flathead | 0341         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Michelle Larson

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **5.5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Marion Elem | Chair, Board of Trustees | Date |
| High School District                      | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Marion Elem   | Flathead | 0341         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |  |          |
|------------------------|--|----------|
|                        |  | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| HS District Approval   | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| County Approval        | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |

Parent or Guardian Name: (Please Print)

Rick & Shelley Jeffries

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **24.9** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Marion Elem | Chair, Board of Trustees | Date |
| High School District                      | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|  |                           |                             |
|--|---------------------------|-----------------------------|
| Elementary District Responsible for Reimbursing the Contract<br><b>Marion Elem</b> | County<br><b>Flathead</b> | Legal Entity<br><b>0341</b> |
| High School or K-12 District Responsible for Reimbursing the Contract              | County                    | Legal Entity                |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |  |          |
|------------------------|--|----------|
|                        |  | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| HS District Approval   | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| County Approval        | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |

Parent or Guardian Name: (Please Print)

**Sharon Palmer**

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **13** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

**Kindergarten child rides with other school-age students also covered by this contract:**

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

**Kindergarten child rides without other school-age students:**

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Marion Elem | Chair, Board of Trustees | Date |
| High School District                      | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |                 |              |
|---|-----------------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County          | Legal Entity |
| <b>Olney-Bissell Elem</b>   | <b>Flathead</b> | <b>0342</b>  |
| High School or K-12 District Responsible for Reimbursing the Contract | County          | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |  |          |
|------------------------|--|----------|
|                        |  | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| HS District Approval   | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| County Approval        | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |

Parent or Guardian Name: (Please Print)

**Guyla Stubbett**

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **15** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

**Kindergarten child rides with other school-age students also covered by this contract:**

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

**Kindergarten child rides without other school-age students:**

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>Olney-Bissell Elem | Chair, Board of Trustees | Date |
| High School District                             | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |





Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |                 |              |
|---|-----------------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County          | Legal Entity |
| <b>Olney-Bissell Elem</b>   | <b>Flathead</b> | <b>0342</b>  |
| High School or K-12 District Responsible for Reimbursing the Contract | County          | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

**Ruth M. Hill**

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **14** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

**Kindergarten child rides with other school-age students also covered by this contract:**

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

**Kindergarten child rides without other school-age students:**

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>Olney-Bissell Elem | Chair, Board of Trustees | Date |
| High School District                             | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |                 |              |
|---|-----------------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County          | Legal Entity |
| <b>Olney-Bissell Elem</b>   | <b>Flathead</b> | <b>0342</b>  |
| High School or K-12 District Responsible for Reimbursing the Contract | County          | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |          |
|------------------------|------------------------------|-----------------------------|----------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no |          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no |          |

Parent or Guardian Name: (Please Print)

**Sandra L. McCallum**

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **10** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

**Kindergarten child rides with other school-age students also covered by this contract:**

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

**Kindergarten child rides without other school-age students:**

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>Olney-Bissell Elem | Chair, Board of Trustees | Date |
| High School District                             | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| West Valley Elem  | Flathead | 1184         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Amy D. Gregoire

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **5.6** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
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|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| West Valley Elem  | Flathead | 1184         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Amy Glasman

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 4.5 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| West Valley Elem  | Flathead | 1184         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Anna L. Stene

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 4.5 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| West Valley Elem  | Flathead | 1184         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Anna M. Whidden

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 6 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |





Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| West Valley Elem  | Flathead | 1184         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Barbara A. Pearson

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 5.5 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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REIMBURSEMENT RATE  
(For district, county and OPI use only)

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|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| West Valley Elem  | Flathead | 1184         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Barbara Carter

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 7 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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REIMBURSEMENT RATE  
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|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| West Valley Elem  | Flathead | 1184         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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|                        |  |          |
|------------------------|--|----------|
|                        |  | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| HS District Approval   | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| County Approval        | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |

Parent or Guardian Name: (Please Print)

Barbara Handy

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 4 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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REIMBURSEMENT RATE  
(For district, county and OPI use only)

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Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

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The parties agree as follows:

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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| West Valley Elem  | Flathead | 1184         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Barbara K. Pedersen

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 4.5 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| West Valley Elem  | Flathead | 1184         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Barbara S. Blandford

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 4.5 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| West Valley Elem  | Flathead | 1184         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Barbara W. Funk

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 6 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |





Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |                 |              |
|---|-----------------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County          | Legal Entity |
| <b>West Valley Elem</b>   | <b>Flathead</b> | <b>1184</b>  |
| High School or K-12 District Responsible for Reimbursing the Contract | County          | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |  |          |
|------------------------|--|----------|
|                        |  | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| HS District Approval   | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| County Approval        | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |

Parent or Guardian Name: (Please Print)

**Becky Hacke**

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **3.4** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

**Kindergarten child rides with other school-age students also covered by this contract:**

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

**Kindergarten child rides without other school-age students:**

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| West Valley Elem  | Flathead | 1184         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |  |          |
|------------------------|--|----------|
|                        |  | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| HS District Approval   | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| County Approval        | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |

Parent or Guardian Name: (Please Print)

Becky Smith

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **4.2** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| West Valley Elem  | Flathead | 1184         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Carol Marino

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 4 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

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20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| West Valley Elem  | Flathead | 1184         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |  |          |
|------------------------|--|----------|
|                        |  | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| HS District Approval   | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| County Approval        | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |

Parent or Guardian Name: (Please Print)

Carrie L. Clark

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **4.4** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| West Valley Elem  | Flathead | 1184         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Charlotte Kostelecky

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 4.1 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |                 |              |
|---|-----------------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County          | Legal Entity |
| <b>West Valley Elem</b>   | <b>Flathead</b> | <b>1184</b>  |
| High School or K-12 District Responsible for Reimbursing the Contract | County          | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

**Cheryl Byle**

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **3.8** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

**Kindergarten child rides with other school-age students also covered by this contract:**

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

**Kindergarten child rides without other school-age students:**

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

**REIMBURSEMENT RATE**  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |





Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| West Valley Elem  | Flathead | 1184         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Chris Brown

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 4.5 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
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|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| West Valley Elem  | Flathead | 1184         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Clayton Morigeau

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 6 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

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20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| West Valley Elem  | Flathead | 1184         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |  |          |
|------------------------|--|----------|
|                        |  | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| HS District Approval   | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| County Approval        | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |

Parent or Guardian Name: (Please Print)

Dawn Haave

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 4 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| West Valley Elem  | Flathead | 1184         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Dawndi Cameron

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **3.1** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| West Valley Elem  | Flathead | 1184         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |  |          |
|------------------------|--|----------|
|                        |  | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| HS District Approval   | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| County Approval        | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |

Parent or Guardian Name: (Please Print)

Debbie Boyd

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **4.2** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| West Valley Elem  | Flathead | 1184         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Debbie Patton

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **4.3** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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REIMBURSEMENT RATE  
(For district, county and OPI use only)

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Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

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|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |





Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| West Valley Elem  | Flathead | 1184         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Debra D. Kendall

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **3.2** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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REIMBURSEMENT RATE  
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|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| West Valley Elem  | Flathead | 1184         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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|                        |  |          |
|------------------------|--|----------|
|                        |  | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| HS District Approval   | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| County Approval        | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |

Parent or Guardian Name: (Please Print)

Debra Hunt

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 4.5 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

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REIMBURSEMENT RATE  
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|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| West Valley Elem  | Flathead | 1184         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Debra Weinberg

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **7** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| West Valley Elem  | Flathead | 1184         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Debra West

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **4.5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

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20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| West Valley Elem  | Flathead | 1184         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Douglas Amundson

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **3.5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| West Valley Elem  | Flathead | 1184         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Elaine Bennett

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 4.6 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

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20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |





Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| West Valley Elem  | Flathead | 1184         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Elizabeth Martin

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **5.2** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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REIMBURSEMENT RATE  
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|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| West Valley Elem  | Flathead | 1184         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Erin Long

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 5 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| West Valley Elem  | Flathead | 1184         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Erin Reed

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **4.1** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| West Valley Elem  | Flathead | 1184         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Grant E. Rasmussen

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 5 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| West Valley Elem  | Flathead | 1184         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Greg & Cathy Dulin

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 3.6 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

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**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| West Valley Elem  | Flathead | 1184         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Hilary R. Ambrose

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **3.5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

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20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |





Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| West Valley Elem  | Flathead | 1184         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |  |          |
|------------------------|--|----------|
|                        |  | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| HS District Approval   | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| County Approval        | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |

Parent or Guardian Name: (Please Print)

Holly Willis

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **4.9** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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REIMBURSEMENT RATE  
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|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| West Valley Elem  | Flathead | 1184         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Janice A. Ward

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 6 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| West Valley Elem  | Flathead | 1184         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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|                        |  |          |
|------------------------|--|----------|
|                        |  | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| HS District Approval   | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| County Approval        | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |

Parent or Guardian Name: (Please Print)

Jennifer Gouge

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 7.2 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| West Valley Elem  | Flathead | 1184         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Jennifer Lamkin

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 8 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| West Valley Elem  | Flathead | 1184         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Jessica Krueger

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 5.5 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| West Valley Elem  | Flathead | 1184         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Joyce Bosket

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 5 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

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20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |





Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| West Valley Elem  | Flathead | 1184         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |  |          |
|------------------------|--|----------|
|                        |  | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| HS District Approval   | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| County Approval        | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |

Parent or Guardian Name: (Please Print)

Judi M. LaCroix

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 5.5 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

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**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

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20-10-142, MCA.

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(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |                 |              |
|---|-----------------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County          | Legal Entity |
| <b>West Valley Elem</b>   | <b>Flathead</b> | <b>1184</b>  |
| High School or K-12 District Responsible for Reimbursing the Contract | County          | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

**Judy Karboski**

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **5.5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

**Kindergarten child rides with other school-age students also covered by this contract:**

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

**Kindergarten child rides without other school-age students:**

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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**REIMBURSEMENT RATE**  
(For district, county and OPI use only)

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20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |                           |                             |
|---|---------------------------|-----------------------------|
| Elementary District Responsible for Reimbursing the Contract<br><b>West Valley Elem</b> | County<br><b>Flathead</b> | Legal Entity<br><b>1184</b> |
| High School or K-12 District Responsible for Reimbursing the Contract                   | County                    | Legal Entity                |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |          |
|------------------------|------------------------------|-----------------------------|----------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no |          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no |          |

Parent or Guardian Name: (Please Print)

**Julie Brown**

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **3.9** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

**Kindergarten child rides with other school-age students also covered by this contract:**

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

**Kindergarten child rides without other school-age students:**

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| West Valley Elem  | Flathead | 1184         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |  |          |
|------------------------|--|----------|
|                        |  | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| HS District Approval   | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| County Approval        | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |

Parent or Guardian Name: (Please Print)

Julie Johnson

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **3.2** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

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**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| West Valley Elem  | Flathead | 1184         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Karla J. Cartwright

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **3.6** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| West Valley Elem  | Flathead | 1184         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Karrie L. Levanen

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 5.1 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |





Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| West Valley Elem  | Flathead | 1184         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Katherine E. Hanson

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **4.4** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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REIMBURSEMENT RATE  
(For district, county and OPI use only)

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20-10-142, MCA.

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|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| West Valley Elem  | Flathead | 1184         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Katrina Libby

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **4.4** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

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REIMBURSEMENT RATE  
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(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| West Valley Elem  | Flathead | 1184         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |  |          |
|------------------------|--|----------|
|                        |  | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| HS District Approval   | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| County Approval        | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |

Parent or Guardian Name: (Please Print)

Kim A. Bly

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 5 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| West Valley Elem  | Flathead | 1184         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |  |          |
|------------------------|--|----------|
|                        |  | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| HS District Approval   | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| County Approval        | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |

Parent or Guardian Name: (Please Print)

Kim Barstow

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 5 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

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**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |                 |              |
|---|-----------------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County          | Legal Entity |
| <b>West Valley Elem</b>   | <b>Flathead</b> | <b>1184</b>  |
| High School or K-12 District Responsible for Reimbursing the Contract | County          | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

**Kristi M. Townsend**

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **4.8** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

**Kindergarten child rides with other school-age students also covered by this contract:**

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

**Kindergarten child rides without other school-age students:**

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

**REIMBURSEMENT RATE**  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| West Valley Elem  | Flathead | 1184         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Kristi M. Townsend

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 8 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |





Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| West Valley Elem  | Flathead | 1184         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Kurt Carda

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **12.6** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

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**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

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20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

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|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| West Valley Elem  | Flathead | 1184         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Laura L. Fitzsimmons

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **10.2** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

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REIMBURSEMENT RATE  
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(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| West Valley Elem  | Flathead | 1184         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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|                        |  |          |
|------------------------|--|----------|
|                        |  | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| HS District Approval   | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| County Approval        | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |

Parent or Guardian Name: (Please Print)

Leila Cabral

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 4.5 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| West Valley Elem  | Flathead | 1184         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |  |          |
|------------------------|--|----------|
|                        |  | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| HS District Approval   | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| County Approval        | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |

Parent or Guardian Name: (Please Print)

Leilani Lutz

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **4.3** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| West Valley Elem  | Flathead | 1184         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |  |          |
|------------------------|--|----------|
|                        |  | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| HS District Approval   | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| County Approval        | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |

Parent or Guardian Name: (Please Print)

Linda Tutvedt

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 4 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

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**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| West Valley Elem  | Flathead | 1184         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Lisa & Kent McLellan

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **3.5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |





Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| West Valley Elem  | Flathead | 1184         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |  |          |
|------------------------|--|----------|
|                        |  | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| HS District Approval   | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| County Approval        | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |

Parent or Guardian Name: (Please Print)

Marcy Roberts

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

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**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

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|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| West Valley Elem  | Flathead | 1184         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Marilee Hoppner

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **8.6** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

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20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

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|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| West Valley Elem  | Flathead | 1184         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Mary M. Connolly

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 3.1 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| West Valley Elem  | Flathead | 1184         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Michelle Montini

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **3.7** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

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**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| West Valley Elem  | Flathead | 1184         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Michelle Tutvedt

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 5 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| West Valley Elem  | Flathead | 1184         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Mindie K. Rasmussen

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 4.5 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

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20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |





Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |                 |              |
|---|-----------------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County          | Legal Entity |
| <b>West Valley Elem</b>   | <b>Flathead</b> | <b>1184</b>  |
| High School or K-12 District Responsible for Reimbursing the Contract | County          | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

**Monica Messick**

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **3.6** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

**Kindergarten child rides with other school-age students also covered by this contract:**

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

**Kindergarten child rides without other school-age students:**

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

**REIMBURSEMENT RATE**  
(For district, county and OPI use only)

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20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| West Valley Elem  | Flathead | 1184         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Nancy Healy

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **4.5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

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|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| West Valley Elem  | Flathead | 1184         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Natalia Pavliuk

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| West Valley Elem  | Flathead | 1184         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Nichole Canning

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **6.5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| West Valley Elem  | Flathead | 1184         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Nicole D. Lynch

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 4 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| West Valley Elem  | Flathead | 1184         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Nicole Wallner

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **3.5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

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Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

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|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |





Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| West Valley Elem  | Flathead | 1184         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Paul Kneeland

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 4 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

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REIMBURSEMENT RATE  
(For district, county and OPI use only)

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Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

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|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| West Valley Elem  | Flathead | 1184         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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|                        |  |          |
|------------------------|--|----------|
|                        |  | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| HS District Approval   | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| County Approval        | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |

Parent or Guardian Name: (Please Print)

Rene' Servis

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 8 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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REIMBURSEMENT RATE  
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|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| West Valley Elem  | Flathead | 1184         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Reuben Creighton

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
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|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



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| West Valley Elem  | Flathead | 1184         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Rhonda R. Thornberry

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **5.7** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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REIMBURSEMENT RATE  
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|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



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Contract #

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|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| West Valley Elem  | Flathead | 1184         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Rita Peiffer

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 4.6 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



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Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| West Valley Elem  | Flathead | 1184         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

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| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Robert A. Smith

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 4.6 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

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To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

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|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |





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Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| West Valley Elem  | Flathead | 1184         |
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Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

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|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Robert Hunt

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 6 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

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|  |                          |      |
|--|--------------------------|------|
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I attest that the above information is true and correct.

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| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Sarah Card

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 4 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
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| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

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To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| West Valley Elem  | Flathead | 1184         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |          |
|------------------------|------------------------------|-----------------------------|----------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no |          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no |          |

Parent or Guardian Name: (Please Print)

Sharon Gassaway

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 4 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| West Valley Elem  | Flathead | 1184         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Sharon Tikka

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **4.5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
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Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| West Valley Elem  | Flathead | 1184         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Shauna Hubbard

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 4 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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REIMBURSEMENT RATE  
(For district, county and OPI use only)

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Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| West Valley Elem  | Flathead | 1184         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Sheri M. Miletich

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 4.5 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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REIMBURSEMENT RATE  
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|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |





Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| West Valley Elem  | Flathead | 1184         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Sheryl Underwood

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
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# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| West Valley Elem  | Flathead | 1184         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

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|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Susan Heidegger

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **4.3** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| West Valley Elem  | Flathead | 1184         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Tami Wiherski

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **3.5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| West Valley Elem  | Flathead | 1184         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Terri S. Ogle

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **3.6** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

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**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| West Valley Elem  | Flathead | 1184         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Tina Venturini

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **3.3** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| West Valley Elem  | Flathead | 1184         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |  |          |
|------------------------|--|----------|
|                        |  | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| HS District Approval   | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| County Approval        | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |

Parent or Guardian Name: (Please Print)

Vikki Bachurski

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 8 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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REIMBURSEMENT RATE  
(For district, county and OPI use only)

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20-10-142, MCA.

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|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |





Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| West Valley Elem  | Flathead | 1184         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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|                        |  |          |
|------------------------|--|----------|
|                        |  | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| HS District Approval   | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| County Approval        | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |

Parent or Guardian Name: (Please Print)

Virginia Jones

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **8.5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>West Valley Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |